Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

|  |                    |   |  |   |                  | 0402+12H      |                        |             |                            |                        |
|--|--------------------|---|--|---|------------------|---------------|------------------------|-------------|----------------------------|------------------------|
|  | ·<br>              | CLAIMS A                                  | S FILED - PART I (Column 1) (Column 2) |   |                  | SMALL<br>TYPE | L ENTITY               |             | OTHER THAN OR SMALL ENTITY |                        |
| TOTAL CLAIMS   |                    |   | 18                                     |   |                  | RATE          | FEE                    | 7           | RATE                       | FEE                    |
| FOR  |                    |   |  |   | MBER EXTRA       | BASIC F       | EE 385.00              | OR          |                            |                        |
| TOTAL CHARGEABLE CLAIMS  |                    |   | 18_minus 20= * d                       |   | 7                | X\$ 9=        |                        | OR          | XS18=                      |                        |
| INDEPENDENT CLAIMS   |                    |   | 3 _minus 3 = 6                         |   |                  | X43=          |                        | OR          | X86=                       |                        |
| MULTIPLE DEPENDENT CLAIM PI  |                    |   | RESENT                                 |   |                  | +145=         |                        | 1           |                            |                        |
| * If   | the difference     | e in column 1 is                          | less than zero, enter "0" in column 2  |   |                  | TOTAL         | _                      | OR<br>OR    | TOTAL                      | 270                    |
| CLAIMS AS AMENDED - PART II  |                    |   |  |   |                  | 10171         |                        | <b>1</b> On | OTHER                      | THAN                   |
| (Column 1)   |                    |   |  |   | (Column 3)       | SMAL          | L ENTITY               | OR          | SMALL                      |                        |
| AMENDMENT A  |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE          | ADDI-<br>TIONAL<br>FEE |             | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total              | *   | Minus                                  | **  | =                | XS 9=         |                        | OR          | X\$18=                     |                        |
|  | Independent        | *   | Minus                                  | ***   | =                | X43=          |                        | OR          | X86=                       |                        |
|  | FIRST PRESE        | NTATION OF MI                             | JETIPLE DE                             | PENDENT CLAI                                | М                | +145=         |                        | OR          | +290=                      |                        |
|  |                    |   |  |   |                  | TOTA          |                        | 1           | TOTAL                      |                        |
| ADDIT. FEEOR ADDIT. (Column 1) (Column 2) (Column 3)   |                    |   |  |   |                  |               |                        |             |                            |                        |
| AMENDMENT B  |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT          | RATE          | ADDI-<br>TIONAL<br>FEE |             | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total              | *   | Minus                                  | **  | = .              | X\$ 9=        |                        | OR          | X\$18=                     | ·                      |
|  | Independent        |   | Minus                                  | ***   | =                | X43=          |                        | OR          | X86=                       |                        |
|  | FIRST PRESE        | NTATION OF MU                             | JLTIPLE DEF                            | PENDENT CLAI                                | м                | +145=         |                        | OR          | +290=                      |                        |
|  |                    |   |  |   |                  |               | · ·                    | OR          | TOTAL<br>ADDIT. FEE        |                        |
|  |                    | (Column 1)<br>CLAIMS                      |  | (Column 2)<br>HIGHEST                       | (Column 3)       | <u>.</u>      |                        |             |                            |                        |
| 3 L  |                    | REMAINING<br>AFTER<br>AMENDMENT           |  | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA | RATE          | ADDI-<br>TIONAL<br>FEE |             | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total              | *   | Minus                                  | <del>**</del> .                             | =                | X\$ 9=        |                        | OR          | X\$18=                     |                        |
|  | Independent        | *   | Minus                                  | ***   | . =              | X43=          |                        | OR          | X86=                       |                        |
|  | FIRST PRESE        | NTATION OF ML                             | ILTIPLE DEP                            | ENDENT CLAI                                 | М                |               |                        |             |                            |                        |
| • If   | the entry in colum | +145=<br>TOTAL                            |  | OR  | +290=            |               |                        |             |                            |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  TOTAL ADDIT |                    |   |  |   |                  |               |                        |             |                            |                        |